FORM M-42B
(Rev. 06/07)

TOTALLY DISABLED PROGRAM

TAX COLLECTOR'S CLAIM FOR REIMBURSEMENT OF REVENUE LOSS
FILE ON OR BEFORE JULY 1 TO THE STATE OF CONNECTICUT
SECRETARY OF THE OFFICE OF POLICY AND MANAGEMENT - TAX RELIEF UNIT
450 CAPITOL AVE., MS#54GSU, HARTFORD, CONNECTICUT 06106-1379

$250 LATE
FILING PENALTY

MUNICIPALITY NAME AND ADDRESS _____

GRAND LIST DATE: OCTOBER 1 _____ MILL RATE(S): _____ DATE CLAIM SUBMITTED: _____

NUMBER OF ACCOUNTS FOR WHICH REIMBURSEMENT IS REQUESTED: _____ TOTAL EXEMPTION DOLLARS: $ _____

REVENUE LOSS REIMBURSEMENT REQUESTED $ _____

TAX COLLECTOR'S CERTIFICATION:
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS CLAIM, INCLUDING ANY CONTINUATION SHEETS ATTACHED, IS A TRUE LISTING AND COMPUTATION OF THE REVENUE LOSS SUSTAINED BY THIS MUNICIPALITY, OR OTHER JURISDICTION, UNDER THE STATE PROGRAM OF TAX RELIEF FOR THE TOTALLY DISABLED AS SET FORTH IN SECTION 12-94a OF THE CONNECTICUT GENERAL STATUTES.

SIGNATURE AND TITLE: _____ TELEPHONE NUMBER: _____

FOR OFFICE OF POLICY AND MANAGEMENT USE ONLY

M-42B AS SUBMITTED: $ _____

M-42B AS AUDITED: $ _____

M-42B PRIOR YEAR'S ADJUSTMENT: $ _____

FINAL GRANT AS CERTIFIED: $ _____

OFFICE EXAMINATION BY: _____ DATE: _____